

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund			FEC IDENTIFICATION NUMBER ▼ C C00448696		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>		
Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address PO Box 388			Amount 94.00		
City Alexandria		State VA	Zip Code 22313-0388		Transaction ID : ECA31E9B263CB456CAA3
Purpose of Expenditure IE-Loudermilk-Online Processing		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Barry Loudermilk			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate			District: 11 State: GA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ General 2014		
21716.27					
Full Name of Payee Conservative Connector LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 435 East Main St. Ste. 250			Amount 4944.44		
City Greenwood		State IN	Zip Code 46143-1464		Transaction ID : E0959B29F45094497A4D
Purpose of Expenditure IE-Loudermilk-Email List Rental		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Barry Loudermilk			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate			District: 11 State: GA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ General 2014		
26660.71					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			5038.44		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paul Kilgore</i>			Date MM / DD / YYYY 10 / 28 / 2014		
[Electronically Filed]					